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		CLAIMS A	S FILEC) - PART I	SMALL	ENTITY	OR		R THAN ENTITY			
FOR NUMBER FILED NUMBER EX					BER EXTR		BATE	FEE	7	RATE	FEE	7
BASIC FEE (37 CFR 1.16(a))						-		1.	OR	1	1.	7
TOTAL CLAIMS					-	-	 	1		1	-	
(37 CFR 16(c)) minus 20 =						x s=		OR	K S=		-	
(37 CFR 1 (6(b)) minus 3 = '						x s=		OR	x s =		_	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(d))							+5	ļ	OR	1+5=	l	1
If the difference in column 1 is less than zero, enter '0' in column 2,						TOTAL		OR	TOTAL		7	
	С	LAIMS AS AN	MENDED	- PART II								7
(Column 1) (Column 2) (Column					nn 3)	SMALL I	NTITY	OR	OTHER THAN SMALL ENTITY			
A TA		CLAIMS REMAINING AFTER AMENDMENT	(60)	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESI		RATE	ADDI- TIONAL FEE		RATE	AODI- TIONAL FEE	1
Ž,	Total (3) C/R 1 Heats	41	Minus	70	10	T	x s =		OR .	xs 18 :	378ª	1
AMENDMENT	Independent (37 CFR 1 16(b))	6	Minus	3	13	\neg	x s =		OR	x,80.	240.00	1
Š	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(4))						+		OR	+3 ==		1
_	lalad						TOTAL ADD L FEE		OR	TOTAL ADD'L FEE	6180	PI
У	2104	(Column 1) CLAIMS		(Column 2)	(Colum	n 3)						1
o N		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESE		RATE	AODI- TIONAL FEE		RATE	ADOI- TIONAL FEE	
ENCIMENT	Total (37 CFR 1.16(c))	.5	Minus	41	. 7		x s=		OR	x s =		1
2	Independent (37 CFR 1,16(b))	. 1	Minus	··· 6	*		x s		OR	x s=		
2	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR 1.16(0))						+, =		OR	+ 5 =		}
- 1			A COMMENT	MARKET MARKET ME TO A STATE OF THE PARKET			TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		-
		(Column_1)		(Cotumn 2)	(Colum	n 31						
2		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESE		RATE	ADDI- TIONAL FEE	11)1,11	RATE	ADDI- TIONAL FEE	
Ĭ	Total (37 CFR 1 19(4))		Minus		-	7	×1_ =		OR	x \$		
CALCACINIC	Independent (37 CFR 1.16(b))		Minus			7	x s =		OR	x 5 =		ĺ
t	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+,		OR	+ 5 =		
-							TOTAL ADD'L FEE		OR L	TOTAL ADO'L FEE	1.	
	If the "Highest N If the "Highest N The "Highest Nu	dunn 1 is less tha lumber Préviously lumber Previously mber Previously I	Paid For Paid For Paid For [IN THIS SPACE IN THIS SPACE I Total or Independ	s less than s less than ent) is the	n 20, en 13, ente highes!	der "20". er "3", number found in ti	ne appropriati	e box in co	lurnn 1.		
re	liection of inform to process) and a cathering prin	nation is required	by 37 CF denticality is Ming the co	R 1.16. The infor	malion is	required	to obtain or retain	n a benefit b	y the publ slimated to upon the in	ic which is to fill take 12 minutes stividual case. A	to complete.	

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